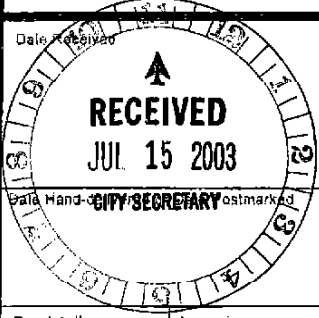


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

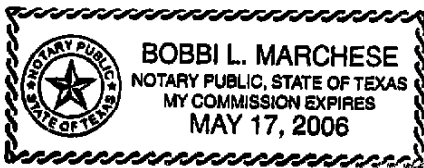
## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI MR. James (Jim) R. (Red) NICKNAME LAST SUFFIX Red Murphy		<b>OFFICE USE ONLY</b>  Date Received Date Hand-off Receipt # Amount Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10035 Inwood Dr., Houston TX 77042-2437		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI MS. Barbara J. NICKNAME LAST SUFFIX B.J. Stiranka		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2463 Briarwest Blvd. Houston TX 77077		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 281 ) 497-4357		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 2 / 27 / 03    6 / 30 / 03		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 11 / 4 / 03		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) District G, Houston City Council	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name NA Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

<b>14 C/OH NAME</b> B.J. Stiranka, Treasurer for Jim "Red" Murphy		<b>15 ACCOUNT #</b> (Ethics Commission files)
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b> NA
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>
<b>17 NO REPORTABLE ACTIVITY</b>	<input checked="" type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
<b>OUTSTANDING LOAN TOTALS</b>	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**19 AFFIDAVIT**

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*James B. Murphy*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said James B. Murphy this the 15th day of July, 2003, to certify which, witness my hand and seal of office.

*Bobbi L. Marchese*  
Signature of officer administering oath

Bobbi L. Marchese  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath